

FEC FORM 3L

SECRETARY OF THE SENATE

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs

17 APR 13 AM 10:38

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

NRSC

ADDRESS (number and street) 425 2ND STREET NE

Check if different than previously reported. (ACC) WASHINGTON DC 20002

CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00027466

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. STATE DISTRICT

For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Special (12S) ☐ Convention (12C)

Election on in the State of

This report also covers the semi-annual period

See Line 6(b)

(d) 30-Day POST-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on in the State of

This report also covers the semi-annual period

See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period

This report covers 01 01 2017 through 03 31 2017 and/or January 1 - June 30 July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period

39500.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ASST WILLIAM K. OZANUS

Signature of Treasurer ASST Date 04 13 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

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